

Figure SC850.F2.4. ES-931, "Request for Wage and Separation Information for Texas"

BENEFITS - UCFE  
TEXAS WORKFORCE COMMISSION  
101 E 15 ST RM 376  
AUSTIN TX 78778-0000

MAR 11 1997

## ES-931 REQUEST FOR WAGE AND SEPARATION INFORMATION-UCFE

Date Mailed: March 6, 1997

Department of the Army  
Directorate of Civilian Personnel  
1410 Stanley Rd., Bldg 144  
Ft. Sam Houston, TX 78234-5023

Federal Agency Code: 422  
TWC Account Number: 99-999422-9  
Initial Claim Date:  
Date to LCCC: 03-05-97  
Case Number: 1  
Last Employer: YES

SECTION I. IDENTIFICATION DATA					
1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) Doe, John		2. SOCIAL SECURITY NUMBER 000-00-0000		3. BIRTHDATE 07-08-55	
4. POSITION TITLE EMPLOYEE		5. PLACE OF EMPLOYMENT (CITY STATE OR COUNTRY) SAN ANTONIO		6. SEPARATION DATE 02-27-97	
7. IS FEDERAL AGENCY ADDRESS BASED ON SF87 NO		8. CLAIMANT WAS: REGULAR FULL TIME EMPLOYEE		9. REASON FOR SEPARATION: FIRED	

  

SECTION II. FEDERAL AGENCY REPLY					
INSTRUCTIONS: COMPLETE SECTION II AND RETURN WITHIN 4 WORKDAYS					
1. FEDERAL FINDINGS TO DETERMINE FEDERAL CIVILIAN SERVICE					
DID THIS PERSON PERFORM "FEDERAL CIVILIAN SERVICE" AS DEFINED FOR UCFC PURPOSES FOR YOUR AGENCY AT ANY TIME DURING THE BASE PERIOD SHOWN IN ITEM 2. BELOW? YES NO (EXPLAIN ON SEPARATE ATTACHMENT)					

  

2. WAGES CLAIMANT REPORTED TO TWC			2A. FEDERAL WAGES		
QUARTER ENDING	YEAR	GROSS WAGES	QUARTER ENDING	YEAR	GROSS WAGES
12-31	1995	\$0.00	12-31	1995	\$ 4128.20
3-31	1996	\$0.00	3-31	1996	\$ 4810.40
6-30	1996	\$0.00	6-30	1996	\$ 4341.60
9-30	1996	\$0.00	9-30	1996	\$ 5084.80
12-31	1996	\$0.00	12-31	1996	\$ 4476.40
3-31	1997	\$0.00	3-31	1997	\$ 1162.24

  

B. LOCATION OF LAST DUTY STATION (STATE OR IF OUTSIDE U.S. COUNTRY): Texas

C. IDENTIFICATION OF INCORRECT DATA SHOWN IN SECTION I. ENTER CORRECTIONS HERE:

  

3. TERMINATION ANNUAL LEAVE, SEPARATION AND SEVERANCE PAY INFORMATION

A. DID THIS PERSON RECEIVE A LUMP-SUM PAYMENT(S) FOR TERMINAL ANNUAL LEAVE ON OR AFTER THE BEGINNING DATE OF THE BASE PERIOD SHOWN IN 2. ABOVE? YES ☒ NO IF "YES", OR IF CURRENTLY ENTITLED TO SUCH A PAYMENT, RECORD DATES BELOW FOR EACH PAYMENT OF ENTITLEMENT SINCE SUCH DATE:  
 PAYMENT DATE:    /    /    DAYS OF LEAVE:    PAYMENT AMOUNT \$     
 PERIOD FROM: TIME:    /    DATE:    /    /    TO TIME:    /    /    DATE:    /    /   

B. DATE OF SEPARATION: 2 / 27 / 97 C. LAST DAY OF ACTIVE PAY STATUS 2 / 27 / 97

D. REASON FOR SEPARATION OR NONPAY STATUS: PLEASE MARK THE APPLICABLE RESPONSE AND PROVIDE A DETAILED EXPLANATION, ATTACHING ADDITIONAL PAGES IF NECESSARY. TWC MAY DISCLOSE TO THE CLAIMANT ANY INFORMATION YOU PROVIDE.  
☐ TEMPORARY LAYOFF ☐ RETURN TO WORK DATE:    /    /    ☐ PERMANENT LAYOFF ☐ QUIT ☐ FIRED ☐ LABOR DISPUTE  
Termination: Involuntary

E. DID THIS PERSON RECEIVE OR IS HE/SHE ENTITLED TO RECEIVE SEVERANCE PAY PROVIDED BY FEDERAL LAW OR AGENCY  
 EMPLOYEE AGREEMENT? YES ☒ NO ☐ IF "YES", COMPLETE THE FOLLOWING INFORMATION: TOTAL ENTITLEMENT \$     
 WEEKLY ENTITLEMENT: \$    NUMBER OF WEEKS:    BEGINNING DATE:    /    /    ENDING DATE:    /    /   

  

SECTION III	
SIGNATURE OF OFFICIAL:  PRINT NAME: Jane Smith TITLE: Personnel Specialist TELEPHONE: ( )	DATE: 3/4/97  B. NAME OF PARENT FEDERAL AGENCY, 3-DIGIT FEDERAL AGENCY CODE, AND ADDRESS (IF DIFFERENT FROM ADDRESS SHOWN ABOVE.) Department of the Army FIC 422